

**REQUEST FOR ASSISTANCE
IN THE EVENT OF AN EMERGENCY EVACUATION
(to be distributed to ALL employees)**

COMPLETION OF THIS FORM IS VOLUNTARY

Employee Name _____

Work Location _____
(be specific, e.g. 1st floor
Grimes, NW corner")

Type of Assistance Required:

When completed, please return this to your Department's Personnel Assistant.

Note: Your supervisor may have questions relating to your specific situation so may follow-up with you regarding this form.

This form is in compliance with EEOC guidelines and federal disability discrimination laws. The information provided on this form will be used only for purposes of creating a comprehensive emergency evacuation policy that ensures all employees will have their safety maintained in the event of an emergency. This information may be shared with first aid and safety personnel but will otherwise be kept confidential.